INTRODUCTION

The systematic undervaluation of women is visible in terms of lower status of the girl child; their unwantedness; practices as dowry payments; lower social status of parents of brides; lifelong responsibility of parents even after marriage; fear of sexual exploitation and abuse; disdain upon arrival of girl child. (Hesketh & Xing, 2006; Leone et al, 2003; Kumari R., 1995; Mahalingam R & Jackson B, 2007)

The sex ratio at birth favours males; however female mortality is lower throughout entire lifespan given equal medical care (Sen AK, 1992; Teitelbaum MS, 1970); additionally men's propensity to risk behaviours and violence increases premature mortality, contrary to higher female mortality in the Indian scenario. (Hesketh & Xing, 2006)

Throughout the rest of the world, women outnumber men by 3-5% so where have our women gone (Hesketh & Xing, 2006)? Should we label the distorted sex ratio deficits of 2001 Census data resulting from systematic girl child discrimination/ killings, especially tin the belt extending from northwest of India to parts of Rajasthan, Gujarat and Maharashtra (Arnold F et al, 2002; Coale A & Banister J, 1996; Klasen S & Wink C, 2002; Park CB & Cho NH, 1995) as annihilation?

Girls will encounter gender bias at almost every stage in their lives father expects her not go out alone or stay outside after dark (Kumari R, 1995) while no such restrictions are placed on her brother but the fact is that people will talk if a girl is in the habit of going out for late nights, chastity, honour and celibacy are to be cherished. (Kumari R, 1995; Mahalingam R & Jackson B, 2007)

Gender bias is strikingly apparent in educational access, employment avenues and representation in the field of politics. In fact violation of the rights of a girl

child is rampant and this extends to the whole spectrum from foeticide to neglect to labour to trafficking, rape and eventually ends with her death (Jain A, 1995; Kapur P, 1995; Seth P, 1995). In India, mother is the centre of the family and our highest ideal, she is to us, and the representative of God, as God is the mother of the Universe.

Attention to domestic violence (physical violence, sexual abuse, emotional abuse, intimidation, economic deprivation or threats of violence) began in the women's movement as concerns about wives being beaten by their husbands, and has remained a major focus of modern feminism, particularly in terms of 'violence against women'.

Gender discrimination, including girl child (Jain et al, 1995) is expressed through various forms such as early forced marriage; honour killings; neo slavery; abduction; child labour; child sex tourism; sexual violence; early pregnancy; bride burning; sati (despite Commission of Sati (Prevention) Act, 1987); dowry; and, exposure to HIV/AIDS. (Kumari R, 1995)

Scant attention has been paid to issues as violation of a child rights. (Kumari R, 1995; UNICEF, 2001) Claims that Indian women tend wrong traditions need to understand that only 36 per cent women can just merely read and write their own name. Do women deserve denial of education; nutrition; medical care etc. do need attention? Why almost 84% of Indian Pregnant women are suffering from anaemia and ill-health?

The study aims to explore whether female gender bias exists in our society; reveal the different forms of gender biases and their contextual background; explore the reasons of gender bias and suggest possible solutions; create awareness among women about gender bias prevalent in the society and make them aware of their rights; suggest measures for empowerment of women and removal of the gender prejudice; find out the awareness among respondents on prevailing schemes for the benefit of women; and, help remove the typical perceived myth at the grass root level that "the fairer sex is the weaker sex" of our society.

REVIEW OF LITERATURE

Background

Some of the worst gender ratios, indicating gross violation of women's rights, are found in South-East Asian countries such as India and China. The determination of the sex of the fetus by ultrasound scanning, amniocentesis, and in vitro fertilization has aggravated this situation. No moral or ethical principle supports such a procedure for gender identification. The situation is further worsened by a lack of awareness of women's rights and by the indifferent attitude of government and medical professionals. In India, the available legislation for prevention of sex determination needs strict implementation, alongside the launching of programmes aimed at altering attitudes, including those prevalent in the medical profession.

The killing of women exists in various forms in societies the world over. However, Indian society displays some unique and particularly brutal versions, such as dowry deaths and sati. Female feticide is an extreme manifestation of violence against women. Female fetuses are selectively aborted after pre-natal sex determination, thus avoiding the birth of girls. As a result of selective abortion, between 35 and 40 million girls and women are missing from the Indian population. In some parts of the country, the sex ratio of girls to boys has dropped to less than 800:1,000.

The sex ratio has altered consistently in favour of boys since the beginning of the 20th century and the effect has been most pronounced in the states of Punjab, Haryana and Delhi. It was in these states that private foetal sex determination clinics were first established and the practice of selective abortion became popular from the late 1970s. Worryingly, the trend is far stronger in urban rather than rural areas, and among literate rather than illiterate women, exploding the myth that growing affluence and spread of basic education alone will result in the erosion of gender bias.

Female foeticide and Female infanticide

Female foeticide is aborting the female baby in the mother's womb. Whereas female infanticide is killing a baby girl after she is being born. The practice of killing the female child after her birth has been prevailing in our society for many years. But foeticide is the legacy and contribution of the progress made by the medical science. Amniocentesis was introduced in 1975 to detect foetal abnormalities but it soon began to be used for determining the sex of the baby. Ultrasound scanning, being a non-invasive technique, quickly gained popularity and is now available in some of the most remote rural areas. Both techniques are now being used for sex determination with the intention of abortion if the foetus turns out to be female.

With the advent of privatization and commercialization, the use of pre-natal diagnostic technologies is growing into a thriving business in India. This is primarily for the purpose of sex determination selective abortion of the female foetus. The misuse of technology simply reinforces the secondary status given to girl children in such a way that they are culled out even before they are born. (Meenu Anand, 2005).

Status of Indian Women

The adverse sex ratio has been linked with the low status of women in Indian communities, both Hindu and Muslim. The status of women in a society can be determined by their education, health, economic role, presence in the professions and management, and decision-making power within the family. It is deeply influenced by the beliefs and values of society. Islam permits polygamy and gives women fewer rights than men. Among Hindus, preference for the male child is likewise deeply enshrined in belief and practice. The Ramayana and the Manusmriti (the Laws of Manu) represent the ideal woman as obedient and submissive, and always needing the care of a male: first father, then husband, then son.

The birth of a son is regarded as essential in Hinduism and many prayers and lavish offerings are made in temples in the hope of having a male child. Modern medical technology is used in the service of this religion-driven devaluing of women and girls.

Religion operates alongside other cultural and economic factors in lowering the status of women. The practice of dowry has spread nationwide, to communities and castes in which it had never been the custom, fuelled by consumerism and emulation of upper caste practices. In the majority of cases, the legal system has no impact on the practice of dowry. It is estimated that a dowry death occurs in India every 93 minutes.

The need for a dowry for girl children, and the ability to demand a dowry for boys exerts considerable economic pressure on families to use any means to avoid having girls, who are seen as a liability. Sonalda Desai has reported that there are posters in Bombay advertising sex-determination tests that read, 'It is better to pay 500 Rs now than 50,000 Rs (in dowry) later'.

Women and Developments in Reproductive Technology Abortion was legalized in India in 1971 (Medical Termination of Pregnancy Act) to strengthen humanitarian values (pregnancy can be aborted if it is a result of sexual assault, contraceptive failure, if the baby would be severely handicapped, or if the mother is incapable of bearing a healthy child). Amniocentesis was introduced in 1975 to detect foetal abnormalities but it soon began to be used for determining the sex of the baby. Ultrasound scanning, being a non-invasive technique, quickly gained popularity and is now available in some of the most remote rural areas. Both techniques are now being used for sex determination with the intention of abortion if the foetus turns out to be female. These methods do not involve manipulation of genetic material to select the sex of a baby. Recent preconception gender selection (PGS), however, includes flow cytometry, pre-implantation gender determination of the embryo, and in vitro fertilization to ensure the birth of a baby of the desired sex without undergoing

abortion. In PGS, X and Y sperms are separated and the enriched sperms are used to fertilize the ovum. The method was intended to reduce the risk of diseases related to the X chromosome, which are far more likely to occur in boys than in girls (who have two X chromosomes). Ironically, it is being used in India to avoid giving birth to girl children.

Most of those in the medical profession, being part of the same gender biased society, are steeped in the same attitudes concerning women. It is scarcely surprising that they are happy to fulfill the demands of prospective parents. Medical malpractice in this area is flourishing, and bans on gender selection, for example in Maharashtra, have had little effect.

Consequences of Female foeticide

Given the lower value placed on women in Indian society, prenatal sex determination with the intention of preventing female births must be viewed as a manifestation of violence against women, a violation of their human rights. The pregnant woman, though often equally anxious to have a boy, is frequently pressurized to undergo such procedures. Many women suffer from psychological trauma as a result of forcibly undergoing repeated abortions. More generally, demographers warn that in the next twenty years there will be a shortage of brides in the marriage market mainly because of the adverse juvenile sex ratio, combined with an overall decline in fertility. While fertility is declining more rapidly in urban and educated families, nevertheless the preference for male children remains strong. For these families, modern medical technologies are within easy reach. Thus selective abortion and sex selection are becoming more common.

In rural areas, as the number of marriageable women declines, men would tend to marry younger women, leading to a rise in fertility rates and thus a high rate of population growth. The abduction of girls is an associated phenomenon. The

Hindustan Times recently reported that young girls from Assam and West Bengal are kidnapped and sold into marriage in neighboring Haryana.

The impact on society should not be underestimated. According to Chinese estimates, by 2020 there are likely to be 40 million unmarried young men, called guang guan or 'bare branches', in China, because of the adverse sex ratio. A society with a preponderance of unmarried young men is prone to particular dangers. More women are likely to be exploited as sex workers. Increases in molestations and rape are an obvious result. The sharp rise in sex crimes in Delhi have been attributed to the unequal sex ratio.

Prevention of Sex Determination

In 1994, the Government of India passed the Pre- conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act with the aim of preventing female foeticide. The implementation of this Act was slow. It was later amended and replaced in 2002 by the Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act without ever having been properly implemented.

The Act has a central and state level Supervisory Board, an Appropriate Authority, and supporting Advisory Committee. The function of the Supervisory Board is to oversee, monitor, and make amendments to the provisions of the Act. Appropriate Authority provides registration, and conducts the administrative work involved in inspection, investigation, and the penalizing of defaulters. The Advisory Committee provides expert and technical support to the Appropriate Authority. Contravening the provisions of the Act can lead to a fine of Rs 10,000 and up to three years imprisonment for a first offence, with greater fines and longer terms of imprisonment for repeat offenders. The Appropriate Authority informs the central or state medical council to take action against medical professionals, leading to suspension or the striking off of practitioners found guilty of contravening the provisions of the Act.

METHODOLOGY

Study area

The present study was conducted in Surat city situated in Gujarat state of India. It is situated in the southern part of the state on the bank of Tapi river. Surat is Gujarat's second largest city and India's eighth most populated city. It is the heart of the world's diamond polishing industry, which in 2005 cut 92% of the world's diamond pieces and earned India $ 15 billion in exports. Surat is known for producing world class synthetic textiles. Surat is known for producing world class synthetic textiles. Surat is number one manufacturer of clothes in India, you can find Surti dress material in any state of India. Owning to the booming diamond and textile industry and nearby to metro city Mumbai of Maharashtra, Surat is estimated to be the largest city in Gujarat state. (Wikipedia, 2013)

Study type and study setting

This was a cross-sectional descriptive study conducted in Surat city of South Gujarat. Better known as the diamond city, Surat has seen a lot of urbanization in recent years. The total population (both rural and urban) of Surat city has increased from 49.95 lakhs in 2001 to 60.79 lakhs in 2011 according to Census data.

Surat Municipal Corporation is divided into seven zones for administrative convenience. The study was conducted in the urban population adjacent to the ward offices of the seven zones of Surat Municipal Corporation.

Study period

This data collection for the study was carried out from Feb 2012 to August 2013. The collected data was entered in Microsoft excel and analysed and the

synopsis has been prepared for submission to the Veer Narmad South Gujarat University.

Sample size

The sample size comprised of the randomly selected families residing near the ward offices from each zones of Surat city. A total of 75 married women respondents from each zone were interviewed during the study period. There were total 525 respondents were to be covered during the data collection phase.

Sampling design

A list of the households adjacent to the ward offices of the seven zones of Surat Municipal Corporation was procured from the health department of the corporation. This constituted the sampling frame for the present study.

Sampling was done by simple random sampling method with the help of random number table after preparing a line-listing of the households for each zone individually.

Selection of subjects

The households selected by simple random sampling were visited and married women were explained about the objectives of the study. They were then voluntarily invited to participate in the study. If the respondent refused to participate in the study, they were excluded and the next respondent from the list was included.

Data collection

The data collection comprised of face-to-face interviews among randomly selected families residing in various areas of the city. A semi-structured interview schedule was utilised for the purpose of data collection spread over

the study period. The questionnaire comprised of the socio-demographic details and information on attitudes and perceptions of women regarding female feticide and gender discrimination. The questionnaire also included questions on their awareness regarding PCPNDT Act and the steps that the government is taking to curb dowry deaths and female feticide.

Inclusion criteria

All women above 18 years of age and giving written informed consent to participate in the study were included in the study.

Ethical issues

Informed written consent was taken from all the respondents agreeing to participate in the study. We obtained approval from the Institutional Ethical Committee (IEC) of Government Medical College Surat (GMCS) for conducting this study.

Statistical methods used

Data was entered in Microsoft Excel 2003 and was analyzed in Statistical Package for Social Sciences (SPSS) software version 16 (licensed to Veer Narmad South Gujarat University, Surat). Simple proportions were calculated. Student t-test and chi-square test were applied for uni-variate quantitative and qualitative data respectively. Difference was said to be significant when p-value <0.05.

RESULTS

The total numbers of participants enrolled in the study were 544. All the respondents were the married female present at their respective households at the time of the interview.

Table 1: Socio-demographic profile of the participants (n=544)

Age group (years)	**Frequency**	**Percentage**
<20	26	4.8
21-30	279	51.3
31-40	152	27.9
41-50	58	10.7
51-60	24	4.4
61-70	5	0.9
Religion		
Hindu	495	91.0
Muslim	47	8.6
Christian	2	0.4
Education		
Illiterate	14	2.6
Up to Primary	221	40.6
Up to Secondary	165	30.3
Up to Higher Secondary	68	12.5
Up to Graduation/Diploma	44	8.1
Up to P.G.	32	5.9

The mean age of the respondents was 26.2 +/- 8.23 years. It was observed that 431 (89.2) of the respondents were in the age group of 21 to 40 years of age. The above table is the religion wise distribution of the cases. Almost 90% of the respondents were found to be hindu by religion. The above table shows the distribution of the respondents by education. It was observed that 40.6% of the cases were educated upto primary class and 30.3% were upto secondary. This group in total forms the 71% of the respondents.

Table 2: Occupation of participants

Occupation	Frequency	Percentage
House Wife	416	76.5
Housemaid	13	2.4
Service	42	7.7
Textile	33	6.1
Shop Keeper	19	3.5
Teacher	14	2.6
Housemaid	13	2.4
Health worker	4	0.7
Labourer	3	0.6
Total	544	100.0

Most of the females were housewife (76.5%), not involved in any occupation. The remaining 23.5% were involved in some form of occupation. Among them 7.7% were doing some form of service, 6.1% were in textile jobs, 3.5% were shopkeeper, 2.4% were housemaid, 2.6% were teacher, 0.7% were health worker and 0.6% were doing work as labourer.

The above table 3 shows the number of members in a family which were surveyed. It was observed that 16.7% has 6 members, 25.2% has 5 members, 28.1% has 4 members and 8.6% has 3 members in the family. It was seen from the above table 3 that 279 (51.3%) of the participants of the females have one male child, 21.6% have two male child in their family. It was observed from the above table 4 that 46.2% of the participants have one female child while 15.3% of the participants have two female children in their family. It was seen that 1.3% of the participants have 4 female children in their family while 0.2% has five and six female child in their family. The above table 3 shows that 46.2% have female child as their first baby compared to 51.3% who have male child as their first baby. Even for their second child 21.6% has male as their first child while 15.3% has female as their first child. It was interesting to observe that 1.3%, 0.2% and 0.2% of the participants have female as their 4^{th}, 5^{th} and 6^{th} child.

Table 3: Family details of the participants (n=544)

Number of members in family	Frequency	Percent
2	8	1.5
3	47	8.6
4	153	28.1
5	137	25.2
6	91	16.7
7 – 10	92	16.9
11 – 20	16	2.9
Total	544	100.0
Time after marriage in years		
Less than 4 years	127	23.3
5 – 8	121	22.2
9 – 12	100	18.4
13 – 16	39	6.8
17 – 20	62	11.4
21 – 24	23	4.2
25 – 28	31	5.7
More than 28 years	41	7.5

Table 4: Current number of male and female child in the family

Number of male child	Frequency	Percent
0	133	24.4
1	279	51.3
2	117	21.6
3	11	2.0
4	4	0.7
Number of female child		
0	181	33.3
1	252	46.2
2	83	15.3
3	19	3.5
4	7	1.3
5	1	0.2
6	1	0.2
Total	**544**	**100.0**

Table 5: Gender Desires of the participants of their first child

Present First child	**Frequency**	**Percent**
Female	256	47.1
Male	266	48.9
Not Applicable	22	4.0
Total	544	100.0
Gender preferences for their first child		
Female	165	30.3
Male	73	13.4
No preference	306	56.3
Total	544	100.0
Reasons for their male gender preference as their first child		
Because it is first child	3	4.1
Brings happiness	1	1.3
Earns money, family tradition	4	5.4
Family pressures	4	5.4
Liking for male child	4	5.4
Mental peace	5	6.8
More importance in society	2	2.8
One boy is needed	8	11.1
For support at old age	14	19.3
To run family tree	28	38.4
Total	73	100.0
Reasons for their female gender preference as their first child		
Better than boys	22	13.4
Help in housework	13	7.8
More attachment to girl child	44	26.7
No girl child in the family	11	6.7
No reason	3	1.8
One female child is needed	18	10.9
Prosperity increase	33	20.0
Support for parents	21	12.7
Total	165	100.0

The above table 4 shows the number of children in the family. Almost 70% of the family has one to two children in their family. While 4%, 2.2%, 0.9%, 0.7%

and 0.6% have four, five, six, seven and eight child respectively. It was remarkable to observe that 47.1% of the participants have female as their first child while 48.9% have male child. When asked about their preference as first child, 30.3% participant's wants girl child as their first child while 13.4% wants male child.(table 5)

Table 6: After having first male child, expectation of their second child's gender

Gender	**Frequency**	**Percent**
Female	309	56.8
Male	11	2.0
No preference	224	41.2
Total	544	100.0
Reason for second child as male child		
One boy needed	3	27.3
Family pressure	1	9.1
Forwarding families & if one die other will take care of parents	2	18.2
Mental peace & for support at old age	1	9.1
Propagates family race	1	9.1
To avoid difficulty in marriage	2	18.2
Under pressure of in laws	1	9.1
Total	11	100.0
Reason for second child as female child		
One female child needed	112	36.25
Support for parents	55	17.80
Already there is First boy	45	14.56
Girl child is more supportive	12	3.88
Help in housework	36	11.65
More liked	40	12.94
No girl child in the family	2	0.65
Require one male and one female child	2	0.65
To avoid difficulty in marriage	2	0.65
Would have brother & sister	3	0.97
Total	309	100.0

It was seen that after the first male child 41.2% of the participants did not had any preference for the second child while 56.8% preferred second child as female. Only 2% of the participants preferred second child as male after the first male child. The common reasons are family pressure, to run family if one die other will take care of parents, mental peace & for support at old age was reasons for second child as male child. The common reasons for second child as female are one female child needed, Support for parents, Already there is First boy, Help in housework and girls are more liked in the family

Table 7: Perception of the participants as regards prenatal sex determination test after having two female children

In case you have two female children, will go prenatal sex test	**Frequency**	**Percent**
No	492	90.4
Yes	52	9.6
Total	544	100.0
Do you think one male child is essential for a family		
No	259	47.6
Yes	285	52.4
Total	544	100.0
Reasons for essentiality of atleast one male child in the family		
Because of thoughts of elders	16	5.6
Family tradition	19	6.7
For allaying lonliness in old age	6	2.1
For prosperity of family	11	3.9
For pujapath	9	3.2
To run the family tree	115	40.4
Good for family	11	3.9
Mental satisfaction & complete the family	18	6.3
One boy and one girl	14	4.9
One boy is needed	28	9.8
Support for parents	38	13.3
Total	285	100.0

The study revealed that almost 10% (9.6%) of the participants will go for prenatal test after having two female children. It was found that 52.4% of the participants have a feeling that one male child is needed in the family. The most common response was to run a family tree.

Table 8: Reasons for essentiality of atleast one female child in the family

Reasons	**Frequency**	**Percent**
Female can understand better	18	6.9
Females better than male in everyway	43	16.6
One girl child is needed	28	10.8
Son-in law is equivalent to son only	9	3.5
Support for parents	51	19.7
Girl child is more supportive	25	9.7
No reason	11	4.2
Help in housework	45	17.4
Brings prosperity to the family	29	11.2
Total	259	100.0

The above table shows that the reason for having female child in the family. The most common reason was to support the parents and to help in housework (table 7).

The most common reason why the society gives more importance to the male child was that the male child will help in the propagation of family race. The other reasons were male child earns money, support the parents in old age, family prestige, old tradition and Indian family gives more importance to the male child (table 8).

Table 9: Reasons as perceived by the society for giving more importance to a male child

Reasons	Frequency	Percent
To run family tree	284	52.2
Earn money, take responsibility	37	6.8
Physical, emotional and financial support in old age	35	6.4
Take care of parents	33	6.0
Boys propogate family race	31	5.8
Male dominating society	22	4.0
Girls go to other family after marriage	21	3.8
Because bad condition of girls in society	17	3.1
Family prestige	12	2.3
Female consider as a burden	15	2.7
Indian society gives importance to boy	9	1.7
Old tradition	6	1.1
Wrong thinking	7	1.4
Don't know	15	2.7
Total	544	100.0

Table 10: Perception of the participants in case the number of females exceed number of males in the society

Reasons	Frequency	Percent
Difficulty in marriage	112	20.6
Development of society occurs	77	14.2
Bad for society	38	7.0
Imbalance in society	40	7.4
No effect	29	5.3
Good for female	18	3.3
Both should be equal	13	2.4
Female dominating society	11	2.0
Importance of girls increases	9	1.7
Incidence of dowry will increase	7	1.3
Parents have to work	5	0.9
Don't know	185	34.0
Total	544	100.0

Table 9 and table 10 shows the perception of the participants if number of males exceed number of females in the society and vice versa.

Table 11: Perception of the participants in case the number of males exceed number of females in the society

Perception if the number of males exceed number of females	**Frequency**	**Percent**
Difficulty in marriage	124	22.8
Male marriages to other caste, marriage problems	52	9.6
Imbalance in society	46	8.5
Rape and teasing to girl increases	36	6.6
Increase domestic violence	23	4.2
Bad for society	26	4.8
More violence against females	20	3.7
Deterioration of the country occurs	9	1.7
Family race will not propagate	13	2.4
Good for the society	11	2.0
Male dominating society	16	2.9
No effect	22	4.0
Don't know	146	26.8
Total	544	100.0

Conclusion

It was concluded that even if 86.6% of the participants have no preference or preference of female child as first child and 90.4% of the participants not opting for the prenatal sex determination test after two female children in the family, 52.4% of the participants feels that one male child is needed in the family. Most common answer for the desire for male child was to run the family tree, but everyone was aware that it is not possible to propagate a family race without the female child. This facts or responses were found to be contradictory among the participants. Most of the participants believe that if the number of male or female child increases than their counterparts, this will be detrimental to the society.

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Proposed content of the thesis

The thesis will consist of the following chapters:

Chapter 1: Introduction

Chapter 2: Review of Literature

Chapter 3: Methodology

Chapter 4: Results

Chapter 5: Discussion

Chapter 6: Conclusion

Chapter 7: References

Annexures

Signature of Candidate

(Dr. Manoj Bansal)

Signature of Supervising Teacher/Guide

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